



**Texas State Board of Dental Examiners**  
333 Guadalupe, Tower 3, Suite 800  
Austin, Texas 78701-3942  
Phone: (512) 463-6400  
Fax: (512) 463-7452  
Website: [www.tsbde.texas.gov](http://www.tsbde.texas.gov)

## Reinstate a Retired Dental Hygiene License

### **Instructions:**

Please attach all required documents and the administrative fee to this application. Personal checks or money orders acceptable.

**\$80.00 Fee**

**NON-REFUNDABLE**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Texas Dental Hygiene License Number:** \_\_\_\_\_

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### **ARE YOU NOW OR HAVE YOU EVER BEEN:** (Circle One)

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|-----|----|--|
| Yes | No | Been notified of any charges, complaints, or other disciplinary action filed against you by any disciplinary agency? If yes, explain.                            |
| Yes | No | Been convicted of a drug related felony or a felony involving moral turpitude? If yes, explain.  |
| Yes | No | Been convicted of, been a party to, or been disciplined for a violation of the dental or dental hygiene laws of this or any other jurisdiction? If yes, explain. |
| Yes | No | Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances? If yes, explain.   |
| Yes | No | Been the subject of a pending prosecution for an offense that is a felony under the law of Texas? If yes, explain.   |
| Yes | No | Was your Texas license retired in lieu of disciplinary action by the Texas State Board of Dental Examiners (TSBDE)? If yes, explain.                             |

A. I hereby give my permission for the TSBDE to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.

B. I further agree to submit to questioning concerning my qualifications as an applicant by the Board, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.

C. I, the applicant herein, state that all facts, statements and answers contained in this application are true and correct. I am not omitting any information, which might be of value to the TSBDE in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission, or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas license if it is not discovered until after reinstatement.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**